



Public Health  
Prevent. Promote. Protect.

Trumbull County

**Trumbull County Combined Health District**

176 Chestnut Ave NE  
Warren, OH 44483  
330-675-2489

Frank J. Migliozi, MPH, REHS/RS, Health Commissioner

**Warren City Health District**

258 E. Market St  
Warren, OH 44481  
330-841-2541

John May, Deputy Health Commissioner



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## Covid-19 Vaccine Administration Record

This record will be kept on file at the Trumbull County Combined Health District. It acknowledges that the person has read and/or understands information about the Covid-19 vaccination and has seen or received a copy of the patient privacy act.

Please Print Clearly:

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ AGE: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Gender: MALE or FEMALE Phone: \_\_\_\_\_

Race: White African American Asian Hispanic American Indian Other

- |  |    |     |
|--|----|-----|
| 1. Are you Sick Today? (Fever, Congestion, etc.)                     | NO | YES |
| 2. Have you been diagnosed with Covid-19 in the past 14 days         | NO | YES |
| 3. Are you Pregnant or Breastfeeding?                                | NO | YES |
| 4. Have you ever had an allergic reaction to an immunization?        | NO | YES |
| 5. Do you have a history of Anaphylaxis? (Severe Allergic reactions) | NO | YES |

IF YES PLEASE EXPLAIN:

\_\_\_\_\_  
\_\_\_\_\_

I have received a copy and have read or had read to me the information contained in the appropriate Vaccine Information Statement(s) or EUA in my primary language about the disease(s) and vaccine(s) checked above. I have had a chance to ask questions which were answered to my satisfaction. I believe I understand the benefits and risks of the vaccine(s) and ask that the vaccine(s) indicated on this record be given to me or the person named above for whom I am authorized to make this request. I also grant permission for this record to be released to medical providers, health departments, schools, daycare centers, community and state immunization registry databases.

I have seen or received a copy of the Notice of Privacy Practices for The Trumbull County Combined Health District and have had a chance to ask any questions concerning this.

Patient/Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**Clinic Use Only:**

**Clinic Name:** Trumbull County Combined Health District Clinic

**Address:** 176 Chestnut Ave. NE, Warren, Ohio 44483

**Date administered:**

**Injection Site:** LA RA **Administered by:**

**Vaccine Manuf.:**

**Exp. date:**

**Lot No#:**

1/28/2021

## SECTION 2: INFORMATION ABOUT POPULATION AND/OR OCCUPATION

Instructions: Please check only one box in the section below. Please select the primary reason you are receiving the COVID-19 vaccine.

### TARGET POPULATION/OCCUPATION:

- Assisted Living Facility – Resident
- Assisted Living Facility – Staff
- Skilled Nursing Facility (RCF) – Resident
- Skilled Nursing Facility (RCF) – Staff
- State of Ohio Dept. of Dev. Disabilities (DODD) – Resident
- State of Ohio Dept. of Dev. Disabilities (DODD) – Staff
- State of Ohio Veterans Home – Resident
- State of Ohio Veterans Home – Staff
- State of Ohio Mental Health and Addiction Services (MHAS) – Resident
- State of Ohio Mental Health and Addiction Services (MHAS) – Staff
- State of Ohio Dept. of Rehabilitation & Correction – LTC residents
- State of Ohio Dept. of Rehabilitation & Correction – LTC staff
- Congregate Care Facility – Resident
- Congregate Care Facility – Staff
- Hospital worker – Clinical Staff
- Hospital worker – Administrative Staff
- Hospital worker – Ancillary Staff
- Non-Hospital healthcare worker – Administrative Staff
- Non-Hospital healthcare worker – Ancillary Staff
- Non-Hospital healthcare worker – Clinical Staff
- Emergency Medical Services (EMTs/Paramedics)
- Elderly
  - 80+ years
  - 75-79 years
  - 70-74 years
  - 65-69 years
- Individual with congenital disorders or early onset conditions